

# SURPLUS REQUEST FORM

(For municipalities & non-profit organizations use only)

Please print clearly.

Requesting Subdivision: \_\_\_\_\_

Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
(If different)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Chief Procurement Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Federal ID Number (9 digits): \_\_\_\_\_

State Agency  
Offering Surplus: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Description	Item Number	No. of Units	Purchase Price (per unit)	Total Price

Attach additional pages if necessary.

This Form May be Mailed or Faxed to:

Massachusetts State Surplus Property Office  
One Ashburton Place, Room 1017  
Boston, MA 02108  
Telephone: 617-720-3146  
Fax: 617-727-4527

(SSPO USE ONLY)

APPROVED ☐

NOT APPROVED ☐